

# Application for Plumbing Contractor Examination

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Michigan Department of Consumer & Industry Services  
Bureau of Construction Codes & Fire Safety  
Plumbing Division  
P.O. Box 30255  
Lansing, MI 48909  
517/241-9330

## Examination Fee: \$50.00

Authority: 2002 PA 733 Completion: Necessary For Examination Consideration Penalty: Application Cancelled & Fee Forfeited	The Department of Consumer and Industry Services will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability, or political beliefs. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.
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## Instructions:

- Complete and **sign original application**. Type or print in ink.
- Application must be submitted to the department no later than 20 working days before the date of the examination.
- Enclose a check or money order payable to the **State of Michigan**.
- Mail completed application and fee to the address above.

## Applicant Information

NAME (LAST, FIRST, MIDDLE)		SOCIAL SECURITY NUMBER	DATE OF BIRTH
HOME ADDRESS		COUNTY	
CITY	STATE	ZIP CODE	HOME TELEPHONE NUMBER

## Current Status

Have you previously applied to take the Michigan plumbing contractor examination?	Yes	No
Are you licensed as a plumbing contractor in another state or country?	Yes	No
Plumbing Contractor License No. _____		
City/State _____		

## Examination Preference

Examinations are conducted March, June, September and December of each year. Please indicate a preference of examination date. If approved for examination, an admission card will be mailed to you approximately 10 days prior to the examination date. If the examination you have selected is full, you will be scheduled for the next available examination.	
<u>Preferred Date</u> _____	No Preference - Next Available Examination
If you have a disability and require an accommodation to take the examination, please submit written documentation from a professional (education professional, doctor, psychologist, psychiatrist) to certify that your disabling condition requires the requested test accommodation. Forms are available from this office.	

**Business Information** - In accordance with law, applicants must provide complete business or employment information for the previous 5 years. (Attached additional sheets if necessary.)

BUSINESS NAME / <b>EMPLOYER</b>				TYPE OF BUSINESS	
ADDRESS				DATES OF EMPLOYMENT (MM/DD/YY) FROM: TO:	
CITY	STATE	ZIP CODE	TOWNSHIP		COUNTY
NAME OF BUSINESS OWNER OR PRESIDENT OF CORPORATION				TITLE	

  

BUSINESS NAME / <b>EMPLOYER</b>				TYPE OF BUSINESS	
PREVIOUS ADDRESS				DATES OF EMPLOYMENT (MM/DD/YY) FROM: TO:	
CITY	STATE	ZIP CODE	TOWNSHIP		COUNTY
NAME OF BUSINESS OWNER OR PRESIDENT OF CORPORATION				TITLE	

  

BUSINESS NAME / <b>EMPLOYER</b>				TYPE OF BUSINESS	
ADDRESS				DATES OF EMPLOYMENT (MM/DD/YY) FROM: TO:	
CITY	STATE	ZIP CODE	TOWNSHIP		COUNTY
NAME OF BUSINESS OWNER OR PRESIDENT OF CORPORATION				TITLE	

### Background Information

<p>Have you been convicted of a felony or misdemeanor?</p> <p style="text-align: center;">No                      Yes</p> <p>If yes, you will be provided with a "Request for Conviction History" form after filing this application. Failure to accurately respond to this question will result in you forfeiting any rights of consideration for examination and issuance of a plumber's license in the state of Michigan.</p>
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### Certification and Signature

I certify that the information provided is true and accurate to the best of my ability. I further understand that falsification of any statement is cause for rejection of application or revocation of license, if issued.	
APPLICANT'S SIGNATURE	DATE

### Examination Eligibility of Applicants From Another State or Country

<p>A person who is licensed as plumbing contractor in another state or country may qualify for examination upon a determination by the board that the license was obtained by the person through substantially the same or equal requirements as those of the state of Michigan. Out-of-state/country applicants must provide a copy of their current license with the licensing rules and regulations from that state/country.</p>
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### Agency Use Only - Examination Results

Written	Passed/Failed	Approved by Board
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Licensed by Examination of:	Failed to Pass Examination of:	License Number